# CONTINUOUS QUALITY IMPROVEMENT (CQI)



### **Adult Protective Services**

**Our Vision:** To prevent and reduce harm to vulnerable adults from abuse, neglect, and exploitation utilizing the least restrictive methods.

### **Our Commitments:**

- 1. Adults have the right to be safe
- 2. Adults retain all their civil and constitutional rights unless a court adjudicates otherwise
- 3. Adults have the right to accept or refuse services
- 4. Adults have the right to make decisions that do not conform with societal norms as long as these decisions do not harm others

### **TABLE OF CONTENTS**

Chapter 1:	Prevention and Early Intervention	3
	Adult Protective Services Intakes – 2008 to 2013.	4
	Adult Protective Services Intakes – Current Calendar Year (2015)	
	Adult Protective Services Recurrence Details – (7/1/2013 – 6/30/2014)	. 6
Chapter 2:	Safety	7
•	Intake/Hotline Calls.	8
	Intake/Hotline Quality Measures	9
	APS Accepted Intakes vs. Vulnerable Adults	10
	APS Face to Face Contact Time Frames	11
	APS Investigation Timeframes – Ready for Review Status.	12
	APS Investigation Timeframes – Final Status from Ready for Review	13
	APS Investigation Timeframes – Final Status from Intake	14
	APS Monthly Contact	15
	APS Quality Measures – Statewide	16
Chapter 3:	Workforce Stability	17
•	APS Intake Trends by Service Area	
	APS Staff Vacancy Rate	19
	Average Number of Investigations per APS worker per month	20

## CHAPTER 1: Prevention and Early Intervention

- OUTCOME STATEMENT: COMMUNITIES WILL HAVE AN UNDERSTANDING AND OWNERSHIP OF PREVENTING AND INTERVENING IN THE PROTECTION OF VULNERABLE ADULTS FROM ABUSE, NEGLECT, OR EXPLOITATION.
- Goal Statement: Increase the public's awareness of the role of Adult Protective Services.

### Adult Protective Services Intakes – Past 3 Years

### **Strengths/Opportunities:**

has increased each year since 2008. 2014: Overall, there were 37 more intakes accepted than in 2013. Several service areas had a lower number of

The number of accepted APS intakes

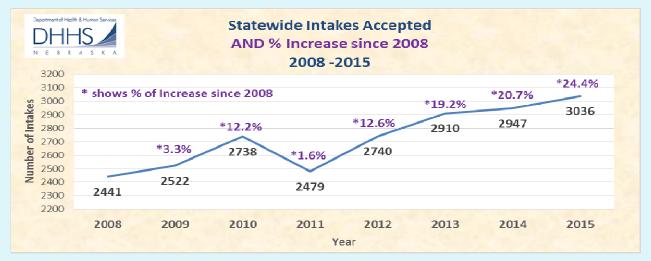
intakes received in 2014 than in 2013. (CSA, NSA, and SESA).

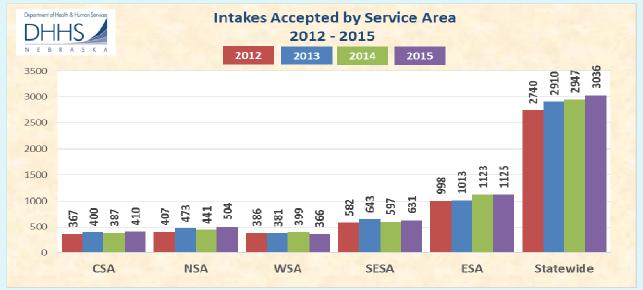
2015: Overall, there were 89 more intakes accepted than in 2014. CSA, NSA, SESA, and ESA saw an increase in the number of intakes throughout the year, while the WSA saw a decease in the total intakes received throughout 2015.

#### **Barriers:**

#### **Action Items:**

### What are the overall trends of accepted APS intakes over the past 3 years?





### Adult Protective Services Intakes – Past 3 Months

#### **Strengths/Opportunities:**

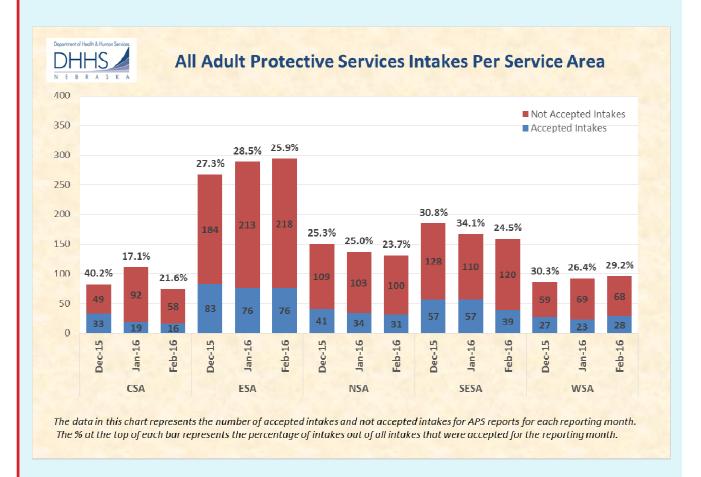
February 2016: The state remains consistent at about a 25% acceptance rate based on intakes received by the hotline.

### **Barriers:**

### **Action Items:**

### <u>Total accepted intakes for the current year (Jan 2016):</u>

CSA: 35 ESA: 151 NSA: 65 SESA: 96 WSA: 51 How many APS intakes are accepted vs. not accepted for each Service Area over the past 3 months?



This data reflects all the APS Intakes during the reporting month including accepted intakes and intakes not accepted. This data also reflects any multiple reporter intake.

Source: 2016-02 Intake QA Report

### APS Recurrence Details – (10/1/13 – 9/30/14)

#### **Strengths/Opportunities:**

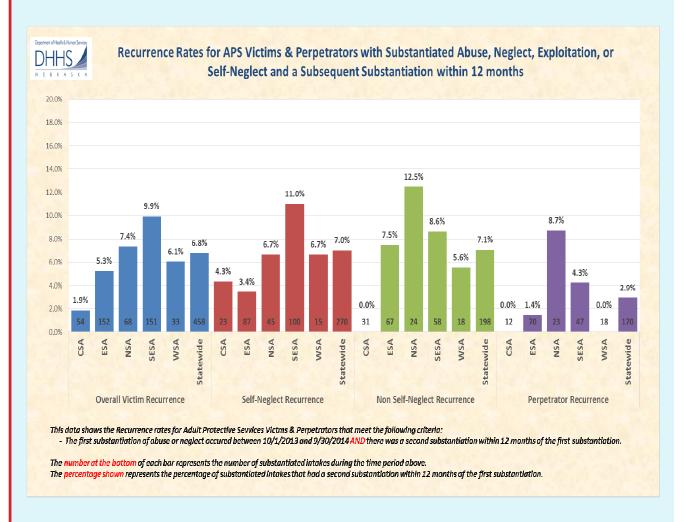
August 2015: Data chart added this month to show the recurrence rates for different types of APS victims and perpetrators.

October 2015: Statewide overall victim recurrence increased from 6.3% to 6.8%. Perpetrator recurrence increased from 2.4% to 2.9% during the new period under review.

#### **Barriers:**

### **Action Items:**

What is the recurrence rate for Adult Protective Services victims & perpetrators on different types of intakes over time?



Source: 10.1.2013 to 9.30.2014 APS Recurrence Details

### **CHAPTER 2: Safety**

- OUTCOME STATEMENT: VULNERABLE ADULTS IN THE ADULT PROTECTION SYSTEM ARE SAFE.
- Goal Statement #1: Adult protection and safety staff are committed to integrating Structured Decision Making into all aspects of work
- Goal Statement #2: Vulnerable adults will receive a timely response from Adult Protective Services
- Goal Statement #3: Adult Protective Services ensure the safety and dignity of vulnerable adults using the least restrictive interventions

### Intake Calls / Responses – All Calls & APS Breakout

#### **Strengths/Opportunities:**

February 2016: This month had a higher number of overall calls than last month.

APS Investigation calls went from 862 (13.8%) of all calls in January 2016 to 900 (15.5%) of all calls in February 2016.

#### **Barriers:**

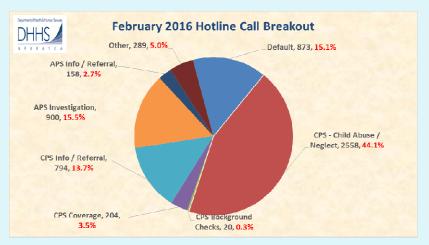
### **Action Items:**

Definitions for each type of call are below the chart.

Source: Hotline ACD & LOB Data

**Data Review Frequency: Monthly** 

### How many hotline calls received each month are screened as APS Investigations?



What percentage of hotline calls answered each month were APS Abuse and Neglect calls or APS Info/Referral calls? (Current Report Month)



**APS Info / Referral:** Caller wants information or needs a referral to a community resource

APS Investigation: Caller intends to make an APS report CPS Info / Referral: Caller wants information or needs a referral to a community resource for children

CPS Coverage: Caller needs information on an open case

**CPS Background Checks:** Requests for background checks to be completed for placement

CPS Child Abuse/Neglect: Caller intends to make a CPS report Default: Calls not coded into the Line of Business system Other: Calls that are general questions that do not fit into any of the other categories and do not generate a report, NFOCUS documentation, or notification to another HHS employee

### Intake Quality Measures – APS Only (3 Month Period)

#### **Strengths/Opportunities:**

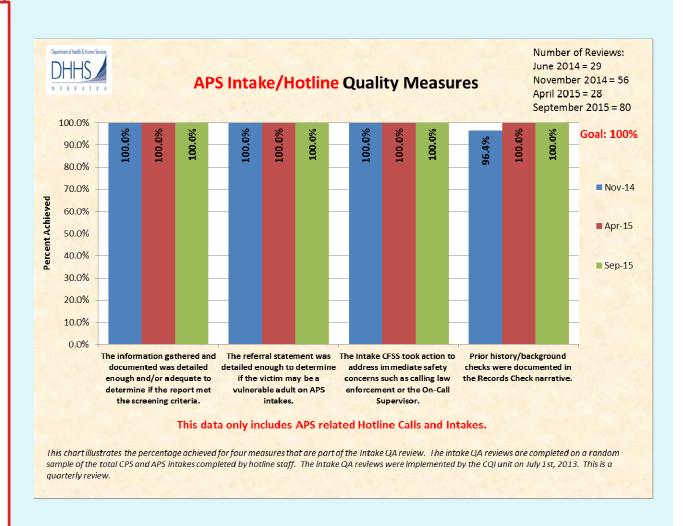
September 2015: Data indicates that APS intakes are received with enough detail to determine if the report met the screening criteria and if the victim may or may not be a vulnerable adult.

### **Barriers:**

#### **Action Items:**

Note: This is a quarterly review.

### How well does the hotline adhere to expectations established for quality intake decisions?



**Data Review Frequency: Quarterly** 

Adult Protective Services Intakes vs. Vulnerable Adults (6 Month Period)

#### **Strengths/Opportunities:**

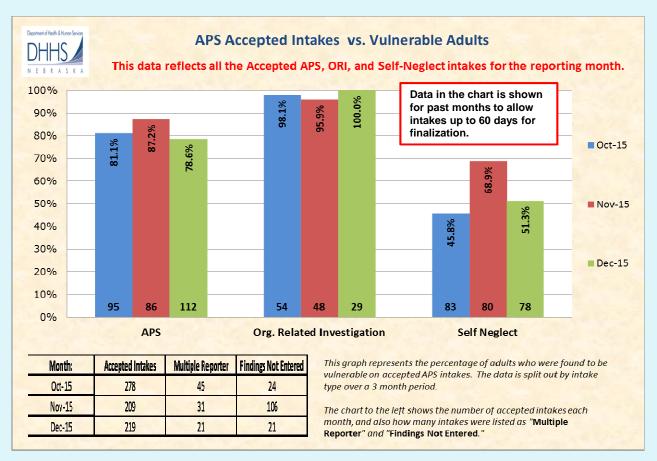
February 2016: Data now reflects all accepted intakes for the reporting month. Data is shown for previous months to allow all intake findings to be entered.

#### **Barriers:**

#### **Action Items:**

The data in the charts reflects the months in which the intake was received. The months on the chart are shown to allow for the 60 day timeframe for intakes to be finalized.

How often are alleged victims found to be "vulnerable adults" on accepted perpetrated, Org. Related, and Self-Neglect intakes?



Definitions will be added for the different types of intakes (Perpetrated, Org. Related, and Self-Neglect).

**Vulnerable Adult: NRS (28-371):** Vulnerable adult shall mean any person eighteen years of age or older who has a substantial mental or functional impairment or for whom a guardian has been appointed under the Nebraska Probate Code.

### APS Face to Face Contact Timeframes (3 Month Period)

### **Strengths/Opportunities:**

December 2015: P1 timeframes increased to 100%! P2 and P3 timeframes decreased slightly.

January 2016: Slight decrease in P1 timeframes while the other priority timeframes decreased slightly.

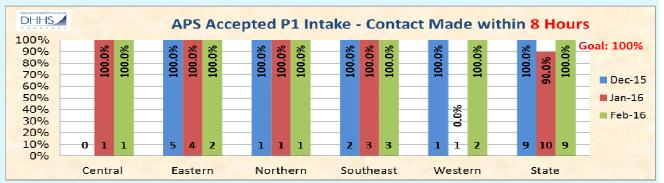
February 2016: P1 face to face contact time frames returned to 100% while P2 timeframes dropped about 3.5%.

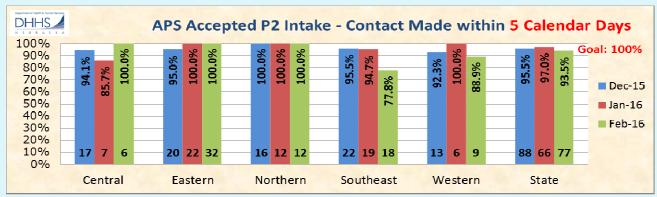
### Exceptions granted for intakes accepted in February 2016:

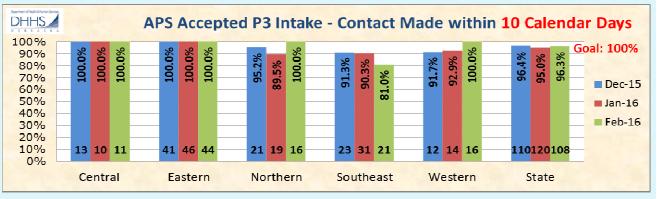
Exception Type	CSA	ESA	NSA	SESA	WSA
Unable to Locate	0	3	1	0	1
Refusal	0	0	1	1	0
Unable to Identify	0	0	0	0	0
Admin. Intake	0	0	0	0	0
Death of Victim	1	1	1	0	0
Law Enforce. Hold	0	1	0	0	0
TOTAL EXCEPTIONS	1	5	3	1	1

This data is measured for intakes accepted in February 2016.

### Is face to face contact with an alleged victim occurring within established priority time frames?







**Data Review Frequency: Monthly** 

Note: Measures are from the APS Performance Accountability report on Infoview. Source: 2016-02 APS Performance Accountability

APS Investigation Timeframes – In Ready for Review Status (3 Month period)

#### Strengths/Opportunities:

December 2015: Increase in P2 timeframes into ready for review status with a slight decrease in P1 and P3 timeframes.

January 2016: Significant decreases into review for review status across the state.

February 2016: Increase in P1 and P3 intakes into ready for review status with a slight decrease in P2 timeframes.

#### **Barriers:**

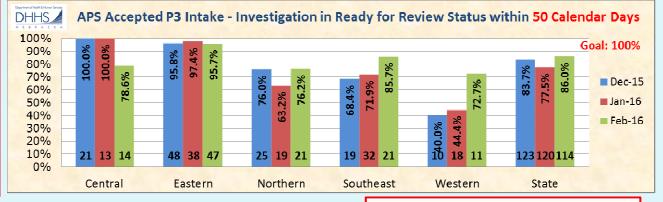
Financial exploitation cases are considered a barrier to achieving this measure due to the time requirements involved in that type of investigation.

Note: Exceptions to finalization timeframes are not reflected in the charts.

### Is the APS worker submitting their draft APS Investigation to their supervisor for review within the expected timeframes?







**Data Review Frequency: Monthly** 

Note: Measures are from the APS Performance Accountability report on Infoview. Source: 2016-02 APS Performance Accountability

Data in the charts is shown for December 2015 to allow intakes up to 60 days for finalization.

APS Investigation Timeframes – In Final Status from Ready for Review (3 Month Period)

### Strengths/Opportunities:

December 2015: Increase in P1 and P2 timeframes with a slight decrease in P3 timeframes.

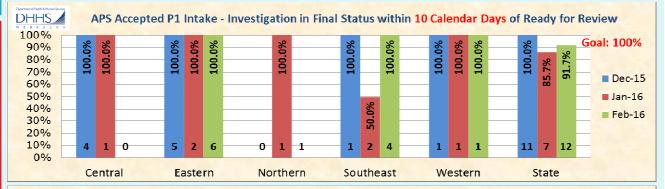
January 2016: Slight decrease in P1 timeframes while P2 and P3 timeframes remained steady.

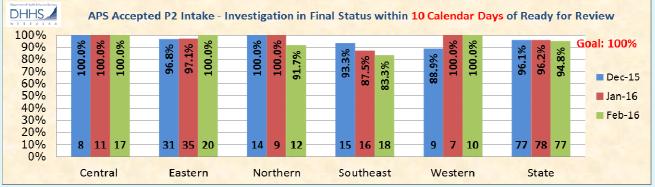
February 2016: Increase in P1's being finalized within 10 days after ready for review status, with slight decreases in P2 and P3 timeframes.

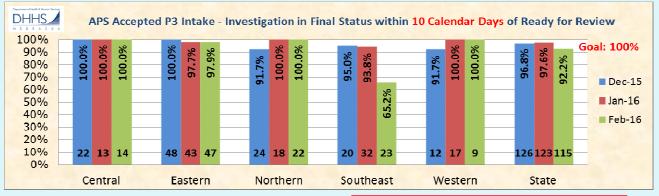
#### **Barriers:**

### **Action Items:**

### Is the APS investigation finalized by the APS Supervisor within 10 calendar days after it is submitted by the worker?







**Data Review Frequency: Monthly** 

Note: Measures are from the APS Performance Accountability report on Infoview. Source: 2016-02 APS Performance Accountability

Data in the charts is shown for December 2015 to allow intakes up to 60 days for finalization.

APS Investigation Timeframes – In Final Status from Intake (3 Month Period)

#### Strengths/Opportunities:

December 2015: Significant decrease in P1's finalized within 60 calendar days across the state. P2 and P3 intakes remained steady.

January 2016: More significant decreases with finalizing P1 assessments within 60 days.

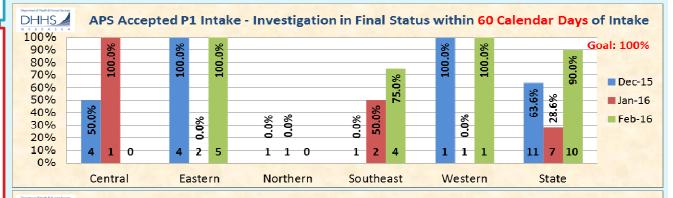
February 2016: Huge increase in finalizing P1's within 60 days.

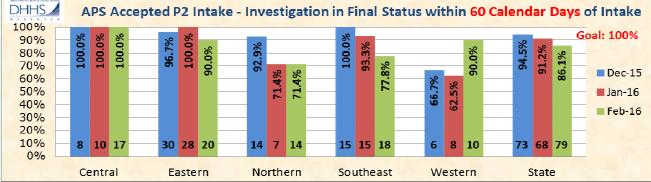
### Extensions granted for intakes accepted in December 2015:

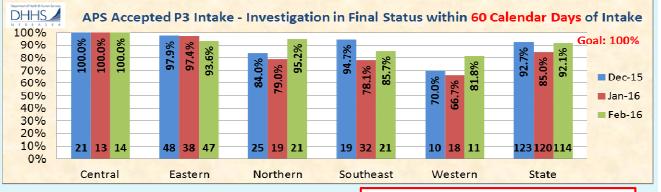
Extension Type	CSA	ESA	NSA	SESA	WSA
Invest. Timeframe	0	4	4	8	4
Admin. Intake	0	0	0	0	0
Law Enforce. Hold	0	0	0	0	0
TOTAL EXTENSIONS	0	4	4	8	4

This data is measured for intakes accepted in December 2015.

### Are APS investigations finalized within priority timeframes after the intake was accepted?







Note: Measures are from the APS Performance Accountability report on Infoview. Source: 2016 – 02 APS Performance Accountability

Data in the charts is shown for December 2015 to allow intakes up to 60 days for finalization.

Monthly Contact – Open APS Cases (Current Report Month)

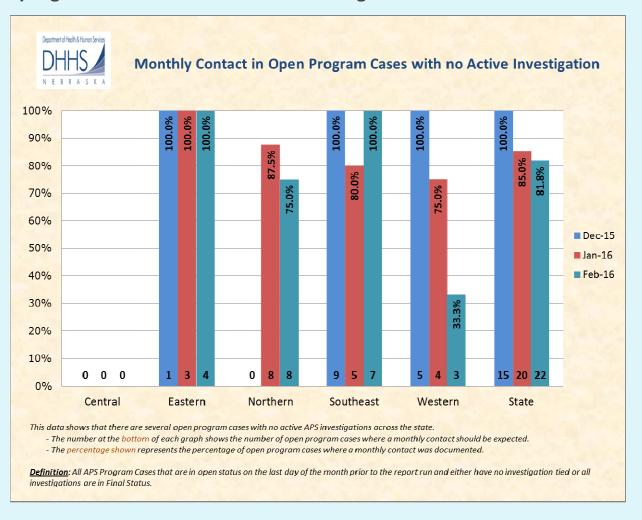
### **Strengths/Opportunities:**

February 2016: 81.8% of the open program cases had a monthly face to face contact with the adult!

### **Barriers:**

### **Action Items:**

### Are monthly contacts being documented on open APS program cases with no current investigation?



**Performance Standard:** In open program cases with no investigation tied or all investigations in final status, the expectation is one documented face to face contact with the adult(s) per month.

Note: Measures are from the APS Performance Accountability report on Infoview. Source: 2016-02 APS Performance Accountability

### APS Quality Measures – Statewide (6 Month Period)

### **Strengths/Opportunities:**

September 2014: Many items remained consistent. Decreases in supporting the maltreatment and safety sections statewide.

October 2014: 3 out of 5 measures remained steady, while 2 increased statewide.

November 2014: 3 out of 5 measures decreased, while two measures increased for the state.

December 2014: 3 measures at 100% and increases in all 5 measures!

January 2015: Decrease in two measures, with an increase in the Safety Response area!

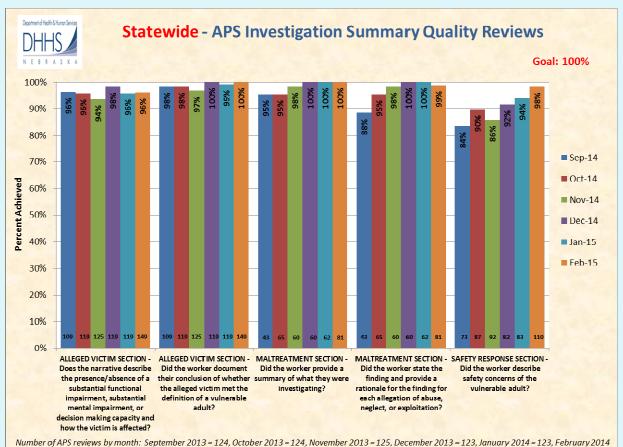
February 2015: Four measures remained steady with one slight decrease in one measure.

#### **Barriers:**

#### **Action Items:**

Note: APS QA Review Data will be posted in the April 2016 CQI Packet.

### Does the APS Investigation Summary contain sufficient information to support decisions made during the investigation?



Number of APS reviews by month: September 2013 = 124, October 2013 = 124, November 2013 = 125, December 2013 = 123, January 2014 = 123, February 201 = 125, March 2014 = 99, April 2014 = 100, May 2014 = 99, June 2014 = 78, July 2014 = 99, August 2014 = 99, September 2014 = 109, October 2014 = 119, November 2014 = 125, December 2014 = 119, January 2015 = 119, February 2015 = 149.

This chart illustrates the percentage achieved for four measures that are part of the APS QA Review. The APS QA reviews are completed on a random sample of the total APS Investigation Summaries that are completed by APS Staff. The CQI Unit implemented the APS Investigation Summary QA on July 1st, 2013.

Note: Measure is from CQI reviews of the APS investigation summary. Random samples from each service area are selected and reviewed on a monthly basis.

### **CHAPTER 3: Workforce Stability**

- OUTCOME STATEMENT: THE ADULT PROTECTIVE SERVICES' WORKFORCE IS WELL-QUALIFIED, TRAINED, SUPERVISED, AND SUPPORTED.
- Goal Statement #1: Reduce staff turnover
- Goal Statement #2: Provide for ongoing training for staff that addresses the skill and knowledge base needed to carry out their duties
- Goal Statement #3: Supervisory staff will be well trained and provide overall leadership for workers

APS Intake Trends by Service Area (Past 12 Months)

### Strengths/Opportunities:

February 2016: WSA has a steady trend line while the other 4 service areas have a slightly decreasing trend line.

#### **Barriers:**

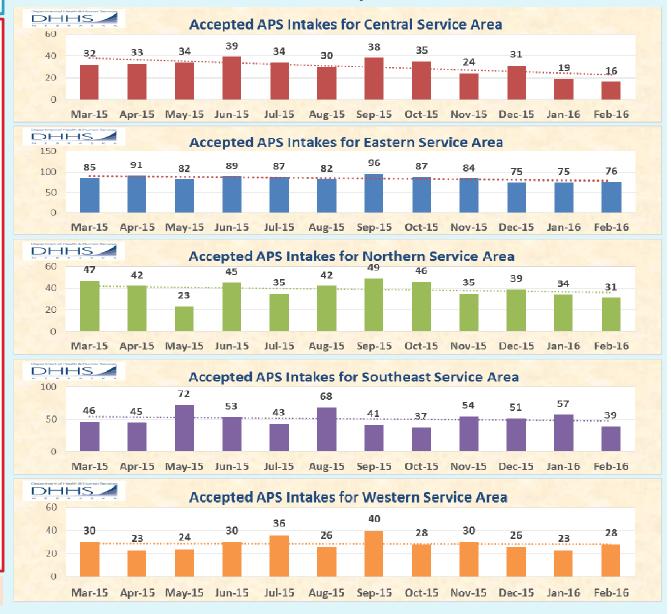
### **Action Items:**

This data includes multiple reporter intakes.

Source: 2016-02 Intake QA Report

**Data Review Frequency: Monthly** 

### What are the current trends for accepted Adult Protective Services intakes for each Service Area for the past 12 months?



APS Staff Vacancy Rate (6 Month Period)

### **Strengths/Opportunities:**

February 2016: All service areas are fully staffed with no workers in Trainee Status.

#### **Barriers:**

### **Action Items:**

\*Planned: In the future, APS Staff could have their own classification.

How many APS positions were available for a full case load and how many positions were in Trainee status in a given month?

APS Positions (Full Case Load) by Service Area							
	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	
CSA	3/4, 75.0%	4/4, 100%	4/4, 100%	4/4, 100%	4/4, 100%	4/4, 100%	
ESA	10/11, 90.9%	10/11, 90.9%	10/11, 90.9%	10/11, 90.9%	11/11, 100%	11/11, 100%	
NSA	5/5, 100%	5/5, 100%	5/5, 100%	5/5, 100%	5/5, 100%	5/5, 100%	
SESA	6/7, 85.8%	6/7, 85.8%	6/7, 85.8%	7/7, 100%	7/7, 100%	6/7, 85.7%	
WSA	4/4, 100%	4/4, 100%	3/4, 75.0%	3/4, 75.0%	3/4, 75.0%	3.5/4, 87.5%	
Total	28/31, 90.3%	29/31, 93.5%	28/31, 90.3%	29/31, 93.5%	30/31, 96.8%	29.5/31, 95.5%	

APS Positions (Trainee Status) by Service Area							
	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	
CSA	1/4, 25.0%	0/4, 0.0%	0/4, 0.0%	0/4, 0.0%	0/4, 0.0%	0/4, 0.0%	
ESA	1/11, 9.1%	1/11, 9.1%	1/11, 9.1%	1/11, 9.1%	0/11, 0.0%	0/11, 0.0%	
NSA	0/5, 0.0%	0/5, 100%	0/5, 100%	0/5, 100%	0/5, 0.0%	0/5, 0.0%	
SESA	1/7, 14.3%	1/7, 14.3%	1/7, 14.3%	0/7, 0.0%	0/7, 0.0%	1/7, 14.3%	
WSA	0/4, 0.0%	0/4, 100%	0/4, 0.0%	0/4, 0.0%	0/4, 0.0%	0/4, 0.0%	
Total	3/31, 9.7%	2/31, 6.5%	2/31, 6.5%	1/31, 6.5%	0/31, 0.0%	1/31, 6.5%	

Source: Self-Report from all the Adult Protective Services Supervisors.

### Average Investigation Per APS Worker Per Month

### **Strengths/Opportunities:**

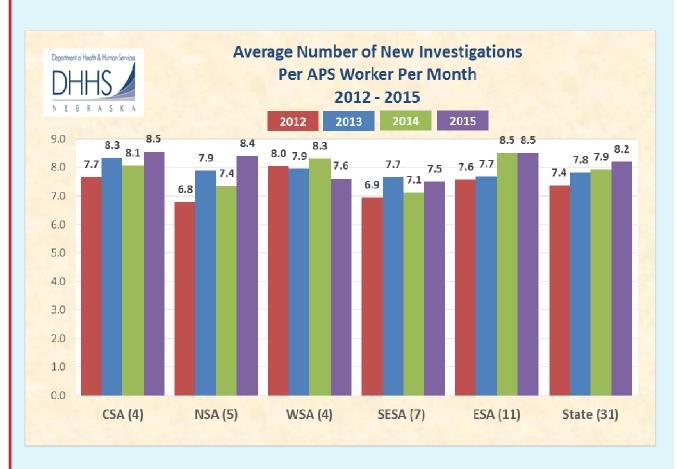
The average number of APS intakes per worker per month increased slightly from 2012 to 2013.

2014: The average number of intakes per worker increased from 2013, but several service areas decreased.

2015: The average number of intakes per worker per month increased in CSA, NSA, and SESA while ESA remained the same, and WSA saw a decrease in the average number. Statewide the average number of new intakes per worker per month increased to 8.2.

Note: The number next to each service are represents the total allotted positions for the current year (2015).

On average, how many investigations were completed by APS workers in each Service Area and how many of those investigations were for Self Neglect, APS, or Org. Related Intakes?



This data only represents new investigations. It does not reflect the number of ongoing cases managed by APS.



### Prepared by:

Nebraska Department of Health and Human Services
Children and Family Services
Research, Planning and Evaluation Unit
402-471-5361

DHHS.CQI@nebraska.gov

